



Integrated Care Models and PPS

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Webster's Unabridged Dictionary defines:

Integrate - to make whole

AND

Integration - the act of making entire

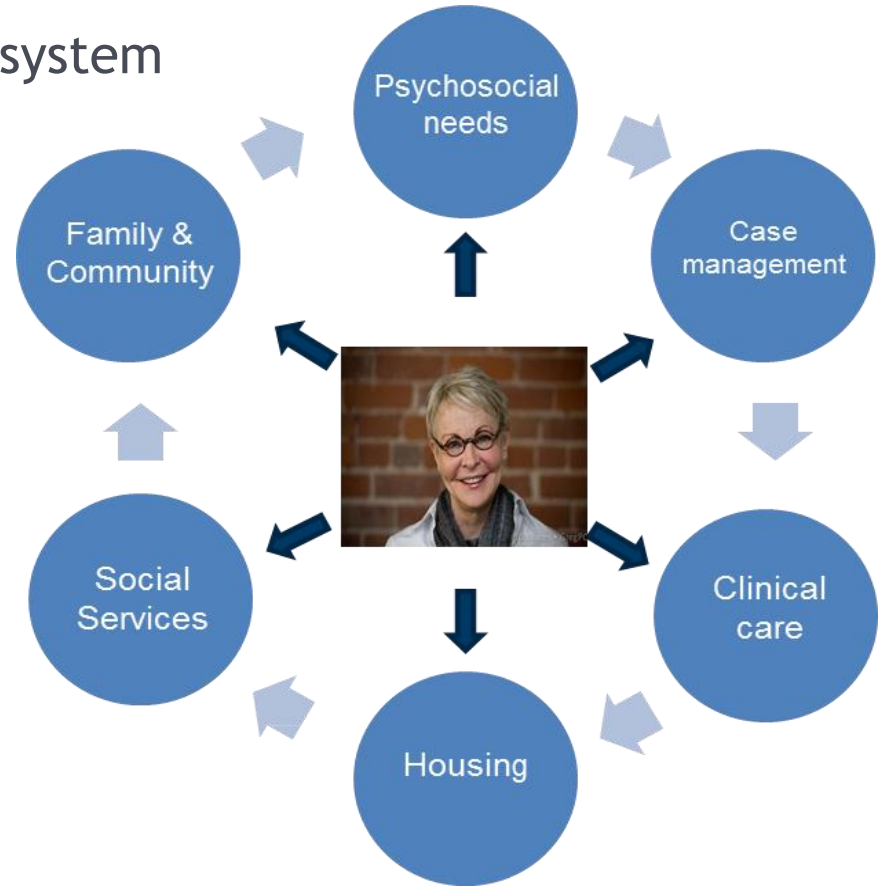


Person Centered Integration

- Starts from the person out to the system

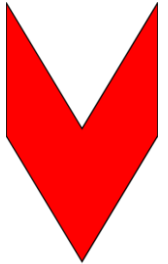
- Must occur in all areas

- ✓ Psychosocial needs
- ✓ Social services
- ✓ Clinical care
- ✓ Case management

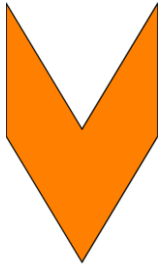


Where are we and
how did we get
here

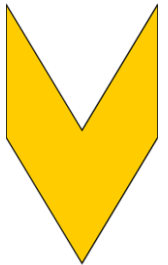
Individual Care



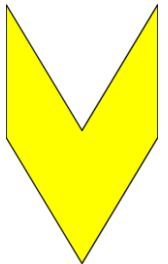
Care
communication



Coordinated
Care



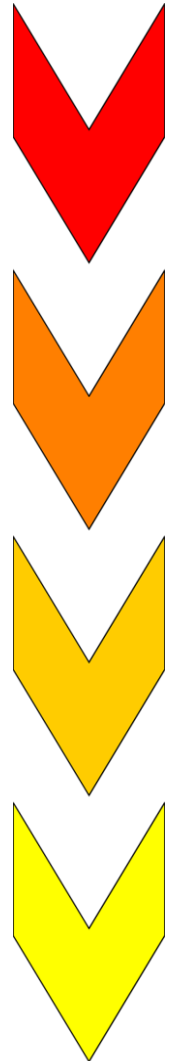
Co-location



Integration

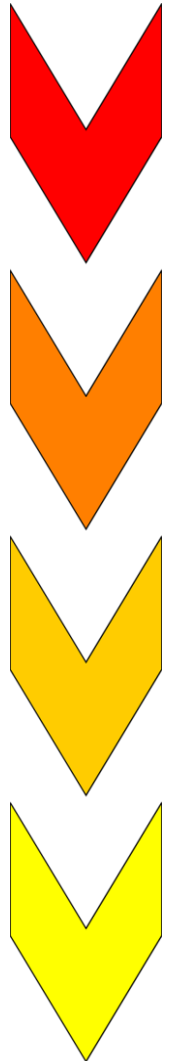
- Each clinician operates independently and does their own work up
 - Multiple repeat lab tests and x-rays
- Clinicians may or may not be aware of each other
- Social agencies do their work independently
- Managed care stays in swim lanes
 - General medical care
 - Behavioral health care
 - True whether both in one company or a managed behavioral health company is used

Individual Care



- **Care delivery**
 - Individual clinicians share information
 - Notes may be sent to update other providers
 - Often an initial evaluation sent but follow up with treatment plan less often
 - Are they read or filed?
- **Social agencies**
 - Often isolated with clinicians not knowing who they are and what they are doing or how they may help
- **Case management**
 - Some communication about treatment needs
 - May send and receive data from clinicians (unsure how this is used)

Care communication



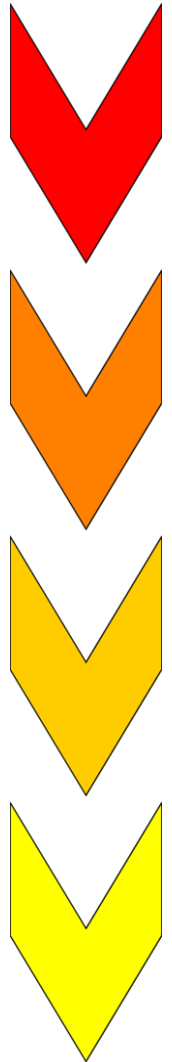
- Communication takes place when a new event occurs
- Key clinicians in person's care are notified by the current treating clinician
- Social service agencies may be alerted to status and potential new needs
- Case managers share data and help to design an updated comprehensive plan of care

Coordinated
Care



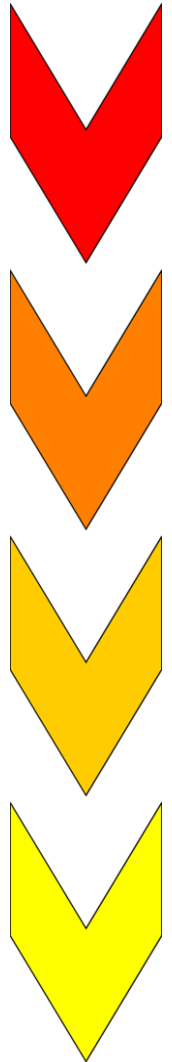
- Viewed as creating integration
 - Clinicians all in same geographic space
- Co-location is necessary but not sufficient for integrated care
 - Practice in same building - this can lead to ongoing immediate communication and work with people as needs are noted OR clinicians can do individualized treatment and just share geography
- Key - am I an individual treating this person or part of a team
- Case management located together
 - Real time interaction with one another (location not a key here)
 - Do I remain focused on my area of expertise?

Co-location



- Process moves to focus on whole person
- Service delivery and case management become a team sport
- Everyone (clinicians, case managers, social agencies, others e.g. justice) focus on whole person
 - Move beyond their swim lanes
 - More importantly are willing to engage the person beyond their comfort zone

Integration



- Medicaid members with a behavioral health diagnosis
 - 20.9% of population but 60% of expenditures
 - 53.5% of hospital admissions
 - 45.1% of ED visits
 - 82% of all readmissions within 30 days of original admission
 - 59% of those readmissions are for a medical condition

- Average length of stay for this population 30% longer than overall Medicaid population

- People with behavioral health conditions experience poor inpatient to outpatient connection



Key Areas of Attention

- Reinforce concept of team sport
- Continue to address areas of case manager discomfort - understand, support, educate
- Show impact (by example) of working within the transaction and as a team to reinforce value
- Core understanding - Individual is at the center of everything we do



- Must go hand in hand with case manager integration
- Healthfirst uses a clinical partnership team to work with primary care to further integration at the delivery level
 - Started by supporting introduction of PHQ-9 screening into PCP practices
 - Expanding to other screens
 - Developing specific prompt access referral sources for behavioral needs so PCPs do not feel stuck
 - Behavioral Health Department Director now fully supports the Clinical Partnership team
- PCPs
 - Increased screening across depression, anxiety, substance use disorders
 - Larger practices are implementing collaborative care model
 - Continue to further their relationships with community based behavioral health providers (HF works with these behavioral health providers to help them learn communication skills in working with PCPs and other general medical providers)

- Integration and overall care is a **TEAM** sport
- Providers and case managers must buy in
- Case management needs a single point of information available to the team
- Working with general medical and behavioral health providers to understand each other's needs, delivery model and a clear understanding of how they will work together is a key to success.

IT'S ALL ABOUT THE PERSON!!!

QUESTIONS

